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ERICHSEN ON INJURIES TO NERVOUS SYSTEM. 16 PAGES.

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LECTURES.

Lectures on Experimental and Practical Medicine. 1. *On a New Styptic and Adhesive Fluid—Styptic Colloid—and on Healing by the First Intention.* By BENJAMIN W. RICHARDSON, M. D., Senior Physician to the Royal Infirmary for Diseases of the Chest, &c. (Delivered April 2, 1867.)

GENTLEMEN: It is my intention on the first Tuesday of every month, except in the holiday months of July, August, and September, to invite your attention to a lecture on some subject of medical science and art, which subject, resting on experimental and original research, shall have a direct and immediate bearing on practice, on the treatment, and, I hope I may venture to say, on the cure of disease. You will, I think, agree with me that the time has come when experiment, if it be worth anything as a means of medical research, should be blended with experience, or, I had better said, should be a true foundation of experience. Indeed, we now have before us no other mode of progress. The classical history of medicine is written; the classification of diseases is well advanced; the symptoms of special diseases have been so fully, so excellently described, that simple industry can enable the student to learn diagnosis with the precision, I had almost said, with which he may learn anatomy. The geographical limits of disease have been most faithfully mapped out; the ordinary or descriptive anatomy of the human body is mastered; the minute anatomy is advanced as far as the skill of the optician will let it; morbid anatomy has been demonstrated until it has become a nearly wasteful repetition of labour; and

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surgical art, itself purely experimental and therefore positive, is so brilliantly discovered as to be in its operative part all but perfect.

But there remain yet to the true medical inquirer many grand fields of research. Physiology is an open wide plain; pathology lies even beyond physiology, only to be explored through it; and the field of therapeutics, concerning which empirical observation has done far more than is generally recognized, is still so uncertain that he who advances upon it ever so little is a true benefactor to science and humanity.

"Styptic Colloid."—In this lecture I propose to take up a very simple subject, and yet a subject of first importance in one department of our common work. I am about to call your attention to a compound fluid for instant and ready use in the dressing of wounded surfaces; a compound which is at one and the same time a styptic, an antiseptic, and a complete means of excluding wounded, abraded, or ulcerated parts of the body from the influence of the external air.

My mind was led to this matter as long back as the year 1852. In that year Signor Pagliari, of Rome, announced the discovery of a new styptic, possessing, as he asserted, remarkable properties for arresting hemorrhage. Having made some of this solution, I subjected it to careful experiment, and reported the results to the Medical Society of London. The report based on the facts elicited was not favourable to the new remedy, and as other experience of it confirmed my own it soon lost the popularity that at first surrounded it. The styptic of Pagliari's was composed as follows:—

Gum Benzoin, eight ounces; Alum, one pound; Water, eight pints.

The alum and the benzoin were boiled for eight hours in water, fresh water being added to make up the loss by boiling. The solution as a styptic was found inferior to lunar caustic, but it was superior to a simple solution of alum. It was antiseptic, but was not adhesive.

In succeeding years I made several attempts to produce a better fluid; but it was not until last year, when I was specially studying the application of ether to practice, that I saw the true principles on which to proceed.

The use of collodion, or guncotton dissolved in ether, had for some years been recognized as of great service in covering wounds, and as I found that collodion was very easily diffusible in the form of spray, in seemed to me that it might be applied in that form with advantage, and might even be made to coat a bleeding open surface. But on experiment it came out that, in whatever way applied, collodion fulfils but a small part of the required duty as a styptic and a wound-healer. In the first place, it mixes indifferently with blood; in the second place, it forms but an imperfect adhesion; and lastly, it allows the transudation of air through its structure when laid upon a moist surface, and particularly upon the body, which is at all times throwing off watery vapour. At the same time the principle of the collodion process was excellent; to lay down from a fluid a deposit of solid matter by the evaporation of a volatile solvent was sound and beautiful action.

The next point in advance, therefore, was to combine, if possible, with the ether and guncotton some other substance which, being also soluble in ether and capable of deposit by the evaporation or the ether, would combine chemically with the blood, with the albuminous exudative matter of a wound, or with purulent matter.

The idea only was wanted to secure the object in view. There was one substance which answered all these indications—I mean tannin. A mixture, therefore, of xyloidine, a substance resembling guncotton, and of tannin was formed into solution with ether, and from that came what I designated "*xylo styptic ether.*"

Brought into practice, the advantages of this solution as a means for stopping hemorrhage at once became obvious. Indeed, as a means for the arrest of hemorrhage, less than the application of a ligature to an open vessel, the spray leaves little to be desired. The extreme cold produced by the evaporation of the ether acts directly on the water of the blood, the tannin solidifies the blood by combining with it, and the cotton acts as a plug; thus every indication for arrest of hemorrhage is secured.

But in observing the action of the styptic spray, I soon became impressed with another fact—viz., that after the application to decomposing and fetid wounds and sores the fetor entirely disappeared, the wounds commenced to heal with great rapidity, and a kind of natural covering appeared to form out of the secretion by its combination with the dressing above it.

This observation has led me to simplify the application still further until it has come into this convenient form, a mere solution capable of being kept on the table as gum is kept, and of being applied with a soft brush in the same simple way.

The process of manufacture of the fluid is tedious, but sufficiently easy. The object to be aimed at is to saturate ether entirely with tannin and a colloidal substance, xyloidine or guncotton. In the first step of the process, the tannin, rendered as pure as it can be, is treated with absolute alcohol, and is made to digest in the alcohol for several days. Then the ether, also absolute, is added until the whole of the thick alcoholic mixture is rendered quite fluid. Next the colloidal substance is put in until it ceases readily to dissolve. For the sake of its very agreeable odour, a little tincture of benzoin is finally admixed.

The solution is now ready for use. It can be applied directly with a brush, or, mixed with equal quantities of ether, it can be applied in the form of spray. In order to give to the fluid a short name by which it may be known, I have called it "*styptic colloid.*"

Properties.—When the solution is brought into contact with an open surface of the body, the resultant phenomena are these: the heat of the body gradually volatilizes the ether and the alcohol, and the tannin and cotton, as the ether leaves them, are thus left stranded on the surface in intimate combination. In proportion as the ether passes off, the blood or the secretion of the surface permeates the tannin and cotton; but tannin acts directly upon albumen, coagulating it, and transforming it into a kind of membrane, almost like leather. The cotton meanwhile unites the whole, gives substance to the mass, and adhesive quality. When all is solidified, the dressing becomes, in fact, a concrete, having a true organic hold or basis on the tissues; and as the tannin, if the solution is freely applied, is in excess, any new exudative matter or blood is for several hours taken up by it, and the annealing is made the more complete.

Thus, by this dressing, the air is excluded from every possible point in every possible direction, not by a mere septum, but by the combination of the animal fluids with the remedy; and because the air is excluded and fluid is absorbed there is no decomposition—*i. e.*, no oxidation; and because there is no oxidation there is no irritation.

The styptic and adhesive qualities of this fluid are easily demonstrated by observing its direct action on blood, on serum, on pus, on albumen. You will see that it solidifies all these by mere contact with them.

To these properties I must also add that of complete deodorization. Here is putrid blood, here putrid ovarian serum, here putrid purulent substance. They are unapproachable when laid on an open surface, but we bring them into contact with the solution, and they are deodorized. Further, the decomposed substance is fixed by the tannin and rendered inert.

Modes of Application.—Having thus laid down the principles at work in this method of treatment, let me next pass to the modes of application. I have here an artificial limb; a portion of it is covered with thin skin to represent the ordinary skin. At one part, for the space of six inches by four, there is placed under the skin a spongy substance charged with blood and albuminous fluid. I will now make an incision through the skin, and expose the bleeding surface. Suppose this to be an open wound, the two flaps of an amputation. I close it with silk ligatures in five places. This done, I take a little cotton wool, tease it out finely in a wineglass, and saturate it with the styptic solution. Next, with a soft camel-hair brush, I apply the solution freely over the closed wound, letting it lie between the edges. If blood exude, it simply combines with the solution, making a mass much like red wax. I lay on the solution also for a little distance beyond the wound, and wait a few moments to allow for the evaporation of ether. Next I take from the wineglass the saturated cotton wool with forceps, and lay a seam of it half an inch wide and the eighth of an inch in thickness over the line of incision. Finally, I coat the whole over with another layer of the solution, wait until the layer is nearly dry, cover with a little dry cotton, and, if pressure be necessary, carry over the whole a bandage.

If time is a matter of importance, the evaporation of the fluid can be hastened by gently blowing with the warm breath over the solution as each layer of it is applied with the brush.

Presuming that a cavity has to be treated,

the fluid is often more neatly and handily used as spray. Thus, in treating the roof of the mouth for carious bone, or in plugging a bleeding alveolar cavity after extraction of a tooth, the spray is excellent. We begin in such a case by applying the spray direct to the bleeding surface, and when a layer of deposit is formed we use that as a foundation for a thin layer of cotton wool ready saturated in the solution. Then we reapply the spray, and again cotton, until the whole operation is complete.

For bleeding or fetid discharge from the uterus or vagina the spray is not advisable, because of the introduction of air. Here injection by the syringe is the best process, followed, if necessary, by a plug of cotton wool saturated with the solution.

In cases of compound fracture, after the parts have been brought into apposition as far as is possible and fixed in the necessary position, the fluid should be poured slowly into the open cavity so as to fill it. Then the parts externally should be covered with a layer of cotton wool saturated with the solution.

On open cancer, and on suppurating or decomposing surfaces, the solution may be freely applied with the brush, and afterwards the parts may be covered with cotton wool saturated with the fluid.

In no case need there be any fear that irritation will follow the application of the solution. On the contrary, the action of it is so purely negative that it might be considered a sedative. It is not such in the technical sense of the term, but it so effectually covers the wounded and susceptible surfaces as to maintain what is virtually a sedative influence.

After a fresh wound has been once dressed with this solution, it requires but little further treatment. In the case of small wounds they may be safely left with one dressing. In process of cure the dressing will slowly be thrown off in the form of thick scale, and ligatures will also spontaneously come away. Even when the wound is very large, as after amputation, it is not desirable to try to open the wound unless there be systemic symptoms. In such case, in order to remove the dressing without pain, the bandage, if it be adherent, must be sponged at the adherent parts with a mixture of alcohol and ether, or with alcohol and water; this will set everything at liberty with ease and cleanliness. Water alone must on no account be used, neither hot nor cold.

THE FLUID IN PRACTICE.—From these directions I may now move to the recital of a few typical cases in which this solution has been employed.

Hemorrhage after Tooth Extraction.—At the request of my friend, Mr. Thomas A. Rogers, of Hanover Square, I was summoned, on May 9, 1866, at 10 A. M., to see a young gentleman who was suffering from a dangerous hemorrhage from an alveolar cavity from which a large molar tooth had been extracted. Mr. Rogers had extracted the tooth at 5 o'clock on the previous evening, and from then until my arrival the bleeding had never ceased. I learned from the parents that all their children suffered from the hemorrhagic tendency in an extreme degree. The young man was now in a state of very great exhaustion, and the flow of fluid blood was still continuous. Laying him upon the floor, with his head raised, I applied the styptic, in the form of spray, directly into the bleeding cavity, and with such force at first as to dislodge the little pool of blood there. Continuing the spray, I was soon gratified at seeing complete arrest of the hemorrhage. I now placed in the cavity a small pledget of cotton wool saturated with the fluid, pressed it firmly home, and covered it with spray; thus, layer upon layer, I not only filled the cavity with cotton wool and firmly set styptic, but builded up the space between the two adjoining teeth with the same substances until the gap in the middle looked as if filled with what the dentists call a bone block. The bleeding was entirely arrested from that moment, and recovery was perfect. There was no sign of irritation in the wound, and when, four days afterwards, the plug came away, all the structures beneath were healed.

Severe Hemorrhage from Necrosis of the Upper Maxilla.—A gentleman suffering from syphilis, extremely aggravated by excess of mercury, was last year brought under the care of my friends Messrs. Musgrave and Milson, of St. John's-wood. I saw the patient with them in consultation many times, and we were all in much anxiety in regard to the roof of the mouth. The mucous membrane of the roof was thickened, red, percolated, and offensive; the fetor was almost unbearable, and every evidence of necrosed bone was present. The soft

covering of the palate at length gave way, the soft parts ulcerated, and about midnight on October 16, the necrosed bone loosened, and was partly displaced. In this way, the two descending palatine arteries were severed, and the most sudden and profuse hemorrhage followed. I was summoned, and soon after my arrival, Mr. Milson also came. Unfortunately, we had to send some distance for the styptic fluid, but meanwhile we tried, quite ineffectually, to plug with the perchloride of iron, and were compelled to trust to pressure with the fingers. When the styptic arrived, we played it freely in the form of spray over the bleeding points, and with instant effect in stopping the loss of blood. Then we plugged carefully with cotton, saturating each layer with the spray, and soon the mass set firmly, and no more blood was lost. By the time we had controlled the bleeding, we were gratified by the arrival of Mr. Paget, whom we had summoned; and as he, from having already tried the styptic, was content to trust to it, we did no more. It is a fact that this patient lost five pints of blood before the fluid was used, but the hemorrhage did not return, the fetor no longer was present; and a few days later, assisted by Mr. Milson, I removed the dead bone. The removal laid bare a wide ulcerated surface or cavity, which we continued to plug with the styptic on cotton wool; and so perfect has been the healing process that the cavity would now bear an artificial plate.

In Open Ulcer.—The styptic solution is equally good in cases of ulceration in other parts of the body, and from other causes. The son of a medical man was brought to me with a large deep ulcer on the face. The boy had a strumous taint, and for three months various remedies had been applied without any avail. I simply painted over the surface of the ulcer freely with the solution, and ordered that it should be steadily applied whenever there was fresh oozing of purulent matter. The result towards cure was favourable beyond expectation, and in nineteen days the ulcer healed.

In Cancer.—My friend, the late Mr. Hitchman, of Leamington, consulted me in reference to a case of large open malignant ulcer of the breast in a woman of middle age. The discharge was most abundant, and the fetor intolerable. Here, again, I suggested the free use of the styptic solution, and with the most useful effect. Pain was soothed by it, the discharge was arrested, and the fetor was completely removed. The death of Mr. Hitchman has prevented me from knowing the result of the case, but in his last letter to me he reported that no previous treatment had given so much relief, and that the broken surface was contracting, and was, he thought, inclined to heal.

For Recent Wounds.—Leaving these cases of hemorrhage and of ulceration, I pass to the effect of the fluid in promoting the healing of recent wounds.

A lady, between 70 and 80 years of age, in coming from her bedroom caught her foot in the carpet and fell foremost on her head, receiving, by striking against a box, a large and severe wound on her forehead. The wound, triangular in shape, raised a portion of skin three inches long on two sides of the triangle. I treated the wound by putting in one suture at the apex of the triangle, and then painting the edges with the solution and covering them with cotton wool saturated with the solution. Not another dressing was required; the wound healed at once without the slightest discharge, and leaving scarcely a scar.

In Amputation.—But the best case of recent wounds which I have to report is that of an amputation treated by the fluid as the dressing. The patient, a young gentleman, was under the care of Mr. W. Adams for extreme deformity of the foot, requiring amputation by Chopart's operation. The operation was performed on Wednesday, February 13 of this year, and as the cuboid bone and os calcis were anchylosed, the saw had to be freely used. Several vessels had to be tied, and the ligatures were left in the usual way, suspended from the wound. When the lips of the wound had been brought together by wire suture, I coated the wound freely with the fluid, and the bandage was applied. Three days later there was no fetor, no discharge, and no general symptoms, but as Mr. Adams was anxious to see the condition of the wound, I undressed it. To our delight, we found it healed throughout, but, unfortunately, from the bandage adhering to one of the long ligatures, I, in removing it there, tore open the newly-healed wound for the space of a quarter inch. At this broken spot about a teaspoonful of purulent matter

formed two days later; but this little break was very quickly reunited, and on the sixteenth day after the operation the patient was able to return to the country with complete healing by the first intention, and without having suffered from one symptom of a constitutional kind.

I was never more indebted than to Mr. Adams for allowing me to put the fluid to this crucial test, nor can I thank him for this without also thanking him for permitting me to practise, and that also successfully, local anæsthesia by the ether spray in the first great cutting operations—viz., for the removal of a portion of the femur, and for partial amputation of the hand.

Points of Practice in Dressing.—The case of amputation to which I have referred leads me to notice two points of practice in respect to the dressing of wounds. In another similar case, I should suggest that, so long as there is no fetor from the stump, no discharge, and no general symptom indicating the formation of pus, the part should not be touched nor interfered with in any way whatever for fourteen days. And, again, I would point out that should the surgeon feel it necessary to remove the dressing, he should scrupulously avoid the use of common water, either hot or cold. Water itself does not dissolve the styptic, and would only make trouble. The fluid to be used is a mixture of alcohol and ether, or equal parts of absolute alcohol and distilled water, warmed a little above the heat of the body.

Another point of practice worthy of note is simple but important. It is, that it is not good to leave the styptic in large quantities within a wound that is about to be closed for healing by the first intention. Thus left it combines with the blood in the wound, and forms a hard substance, which sometimes produces friction, and so causes evolution of heat and pain.

Combinations with the Styptic Colloid.—I have treated so far on the styptic fluid in its simple form. I should add, however, that as a base it combines well with the following medicinal substances, as you will see by the specimens now sent round:—

Creasote.—With the old creasote of the shops the fluid forms an excellent compound. The creasote acts well as an additional antiseptic, and also as a solidifier of albumen. It produces, however, some degree of irritation. The proportion is one minim of creasote to two drachms of solution.

Carbolic Acid.—With pure carbolic acid the fluid also combines. The compound so produced possesses the same properties as the mixture of creasote and the styptic. Five grains of the acid may be added to two drachms of the fluid. The combination is very powerful, but it produces some irritation.

Quina.—The pure alkaloid quina dissolves in the styptic fluid, and forms a good solution in the proportion of one grain to the drachm. The quina adds to the antiseptic power, but, I think, takes away from the adhesive property. Proportion, half a grain to a drachm.

Iodine.—Iodine unites readily with the fluid, and five, or even seven, grains of it may be got into the quarter-ounce. The combination is most useful in cases where there is purulent or fetid discharge from a surface surrounded with indurated tissue. The iodine produces no irritation.

Iodide of Cadmium.—Iodide of potassium and iodide of ammonium do not readily combine with the styptic; but iodide of cadmium, which possesses a similar physiological action, goes up in it readily. Half a drachm of the salt will go up in an ounce of the solution.

Bichloride of Mercury.—The bichloride of mercury is soluble in the solution, and the compound, in the proportion of the one-twentieth of a grain to one drachm of the styptic, is a most useful application in indolent syphilitic ulcers. I think this application would also be useful in lupus.

Morphia.—Morphia goes up well in the solution, and in irritable painful ulcer a compound of morphia and the styptic; in proportion of half a grain of the alkaloid to a drachm of the fluid, is of service. Pain is at once relieved, and healing is promoted. This compound on cotton would be good for a stopping of a hollow tooth to relieve toothache.

All the other narcotic alkaloids in their pure form go up in the solution—atropia, aconitina, and the rest. I have, however, no experience as to the value of such combinations in practice. This experience has yet to be learned.

Cantharidine.—This substance, on the addition of a little chloroform, can be taken up in the solution. The compound pro-

duces what may almost be called a dry blister, the fluid secreted being taken up as it is exuded by the styptic. There are cases in which this blistering fluid would be a considerable advantage; indeed, it would probably be an advantage in all cases in which a blister is required. Two to four grains may be used to the ounce.

Chloride of Zinc.—Chloride of zinc, which, in solution, has recently been used for the dressing even of recent wounds, makes a good compound with the styptic. Half a drachm of the salt dissolves readily in an ounce of the solution.

From these purely descriptive facts I pass to the subject of healing by the first intention.—*Med. Times and Gaz.*, April 13, 1867.

(*To be continued.*)

CLINICS.

CLINICAL LECTURES.

Treatment of Whooping Cough in the London Hospitals.—Every old woman has a certain cure for whooping-cough. There is probably no ailment which has offered a finer field of enterprise to the empiric. Like epilepsy, it would seem to be often singularly influenced *at first* by any new remedy; and this of course is quite sufficient to make the reputation of a quack specific. Some years ago there used to be—we do not know whether it still exists—a pastrycook's shop in the neighbourhood of St. Paul's at which a whooping-cough specific was given away to applicants in their own bottles. The repute of this mixture was quite astonishing, and, what is remarkable, it did not seem to be much lessened by the fact that every now and then a child would die, with symptoms very like those of narcotic poisoning, after being dosed with the remedy. It will be seen that the experience of our hospital physicians is for the most part against curative effects of any remedy in this complaint, although due credit is accorded to the relief which may be given by the use of certain drugs.

St. Thomas's Hospital.—In the department for children's diseases at this hospital cases of whooping-cough have been unusually numerous during the past eighteen months. For the most part the cases presenting themselves have been of from one to three weeks' standing, although not a few cases which have lasted for as many months apply from time to time for treatment. As a rule, the more recent cases are complicated with a varying amount of bronchial catarrh—the catarrh, that is, of the first stage, lingering on and not unfrequently increasing after the pertussis has become fully developed; and the treatment pursued by Dr. Gervis in these cases has, therefore, generally a necessary reference to this condition. The usual prescription, for instance, for a child of four years would be more or less as follows:—P. L. Solution of acetate of ammonia, half an ounce; spirit of nitric ether, one drachm; chloric ether, half a drachm; oxymel of squills, one drachm and a half; syrup of tolu, two drachms; water to two ounces: two teaspoonfuls every six hours. In addition to this medicine, of which the chloric ether is the permanent element, and the other constituents the variable, Dr. Gervis lays much stress upon the use of the chloroform liniment, directing that it is to be rubbed into the chest both anteriorly and posteriorly night and morning. Under this treatment, and with the usual directions as to diet and regimen, there is almost invariably considerable improvement within a week, and very frequently within ten days or a fortnight the "whoop" has quite passed off, although some amount of cough may linger for a little while, and require appropriate treatment. In more chronic cases, and where there is little or no bronchial disturbance, alum is substituted for the saline in combination with chloric ether; and, as in the other class of cases, the chloroform liniment is employed externally. If in cases where the catarrhal symptoms have subsided, but where the whoop remains, there should be much debility, the combination of quinine with the alum and chloric ether is very advantageous. If symptoms of cerebral irritation, with or without convulsions, should occur, Dr. Gervis has repeatedly obtained the greatest advantage from small doses of morphia; and this both in cases where no remedial measures for this complication have been previously tried, and in others where antiphlogistic treatment—leeches, calomel, blisters—has been assiduously but unavailingly adopted. In many such cases this medicine has acted as a charm, quieting both the pulmonary and cerebral disturbance.

St. George's Hospital—Dr. Dickinson

thinks that there is probably no complaint for which more numerous and more diverse methods of cure have been propounded than for whooping-cough. It has been remarked that where a great number of remedies have been urged as specific in any disease, that disease is probably in its nature irremediable. This remark, he believes, holds good with whooping-cough. We neither know its seat nor its antidote. It runs its appointed course regardless of the Pharmacopœia. A more or less persevering trial of most of the remedies which have been urged as able to cut short the disease has resulted in failure. Expectorants, remedies reputed as antiphlogistic, drugs which have no repute except as cures for whooping-cough, irritating applications, including Roche's embrocation, alum, nitric acid, bromide of ammonium—these and others have been tried by Dr. Dickinson, and found wanting. As regards the disease in question, such remedies may be divided into two classes—those which do harm, and those which do do good. Antimonials and all such remedies of the depressing class, appear to be injurious by lowering the patient without touching the disease; while the most that can be said for nitric acid and bromide of ammonium is that where they are given in small doses they do no obvious mischief. Whooping-cough appears to be as essentially incurable as typhus or any of the specific fevers. At the same time, good may be done by meeting urgent symptoms as they arise, and by directing treatment to the various complications which are apt to endanger the patient.

When the spasmodic cough is violent and threatening, as is apt to be the case in the later stages of the disease, medicines which act as sedatives may be given with advantage. Opium is sometimes useful under these circumstances, sometimes belladonna; hydrocyanic acid is better than either. The dilute acid of the Pharmacopœia, in minim or half-minim doses, according to the age of the child, is more effectual than anything else in diminishing the laryngeal spasm, which is often a source of danger.

Bronchitis and pneumonia, which frequently occur as complications, may be treated in the manner which is proper when these disorders arise under other circumstances, bearing in mind, as an extenuating circumstance, that the patient has, in the whooping-cough, to struggle against an exhausting disease.

With whooping-cough, therefore, we may limit our endeavours to meeting complications, and modifying unfavorable symptoms. Probably in most cases all that is necessary is to guard the patient from the chance of catching cold. The only specific is time.

King's College Hospital.—In the out-patient department of this hospital in the early stages of whooping-cough the simplest expectorants only are employed by Dr. W. S. Playfair. When the disease is more fully developed the bromides, either of potassium or ammonium (for there appears to be no marked difference in the action of the two salts), have been on the whole more frequently used than any other drugs. They have been generally given in doses of a grain for each year of the child's age, increasing the amount gradually if they seem to be of service. In a large number of cases the use of this medicine has been attended by marked benefit; often it has failed to be of service, even in cases apparently the best suited for its employment. The class of cases it which it most frequently proves beneficial are those in which the paroxysms are very frequent and severe, indicating much implication of the nervous system. In such it often quiets the convulsive cough in a most remarkable manner.

The next most useful remedy has been found to be belladonna, which is generally tried when the bromides have failed. In the more advanced stages of the disease, and in very feeble children, it has been found of much use given in combination with cod-liver oil and syrup of iodide of iron. In the weak and cachectic children that attend the out-patient department of a large hospital the use of some such tonic may be considered absolutely essential, and the above combination has been found to be very valuable.

Minute doses of hydrocyanic acid, generally combined with some preparation of bark, are sometimes serviceable. It seems to act best in the same class of cases as the bromides, but appears to be less generally efficacious. Its frequent failure may, perhaps, be in part ascribed to the care required in prescribing so powerful a remedy in out-door practice, where mistakes are necessarily frequent, and where the effects of particular drugs cannot be carefully watched.

Nitric acid has been frequently tried, but has not been found to be of much use.

The inhalation of chloroform, often so serviceable in private cases, has not been tried, since it is a remedy that cannot be used without such supervision as it is impossible to obtain in hospital out-door practice.

The frequency of secondary chest complications has been remarked—the inevitable consequence of bringing the children to the hospital in all kinds of weather. It has been found that any depressing treatment is worse than useless when such complications arise, and that they are best treated by enveloping the chest in large linseed-meal poultices, or in damped cotton wadding and oiled silk, along with mild counter-irritating embrocations. Small doses of sesquicarbonate of ammonia and chloric ether have generally been given internally, with nourishing diet, and stimulants when necessary.

Westminster Hospital.—It is now some thirteen years since Dr. Gibb submitted to the notice of the profession his mode of treatment of whooping-cough by nitric acid, in a monograph on that disease. A large experience of its use since then, both in public and private practice, has convinced him of its great value, and that he had not exaggerated its good effects. Its internal use he has found not only serviceable in curing the pertussal malady, but at the same time prophylactic against intercurrent throat complications. His formula consists of an ounce of the dilute nitric acid, four drachms of compound tincture of cardamoms, and enough simple syrup to make a six-ounce mixture. For an infant the dose is a teaspoonful every three or four hours, and for children from two to five years of age two or three drachms at the same periods. Occasionally he has found it convenient to add an ounce of glycerine, diminishing the mixture by an equal quantity of the syrup. This form of giving the acid in syrup is liked by the child and is well borne, and the good effects are very speedily visible in diminishing the severity and frequency of the spasms. According to the frequency of the paroxysms, together with their violence, severity, and duration, so is there soreness or uneasiness at the upper part of the larynx; this Dr. Gibb obviates by the topical use of a solution of nitrate of silver to the larynx (twenty grains to the ounce) by means of a curved brush.

The advantage of the nitric-acid treatment is that it can be given in the three stages of the disease. When the nervous element, however, is very strong, and there are manifestations of cerebral irritation, Dr. Gibb has substituted the bromide of ammonium for the nitric acid, in doses of from four to fifteen grains according to age, combined with ipecacuanha wine, and occasionally small doses of sulphate of zinc. Provided there are no dangerous or severe complications requiring special measures, it has been found that each of these two modes of treatment proves successful in curing the great majority of cases; and we are told it is somewhat unusual, unless when easterly winds are prevailing, for children at Westminster Hospital to remain longer under treatment than from two to five weeks. In very young children and infants, a few doses sometimes of the nitric-acid mixture are sufficient to effect a cure; and if the little patients are carefully looked after, warmly clad, and properly fed, there is no recurrence of the disease.

When properly managed, Dr. Gibb considers pertussis to be a disease in every way amenable to treatment. The great effort of the physician should be to ward off complications, and quickly deal with them when they arise. In many hundreds of examinations Dr. Gibb has found the fact hold good, which he was the first to announce many years ago, that the urine in pertussis is almost invariably saccharine.

Foundling Hospital.—During the latter half of the year 1865, Dr. Julius Pollock tells us, an outbreak of whooping-cough occurred at this hospital. It commenced in July and terminated in September. There were in all 26 cases, the ages of the children being from three to six years. There were no deaths. The longest case was 103 days; the shortest 21 days; average, 50 days.

In the treatment the following were tried:—Conium, bromide of potassium, dilute hydrocyanic acid, alum, antimony, ipecacuanha, compound tincture of camphor, oil of amber, and Pearson's mixture. Inhalation of the vapour of chloroform; painting with iodide liniment (B. P.) along the track of the cervical glands. Emetics were generally given at the commencement (ipecacuanha powder, ten to twenty grains), and occasionally in the course of the disorder if the chest seemed choked with phlegm.

The bromide of potassium was found to have no effect, nor did conium appear to

have any advantage over opium. The iodide liniment to the neck did nothing. The vapour of chloroform seemed to check the spasm, but, owing to the difficulty of administering it, was not much tried. No remedy appeared to shorten in any way the disease, but the most useful treatment was found to be the following:—To keep the room warm (50° to 60°); to give emetics at the beginning, and, when necessary, occasionally during the disease; to keep the bowels freely open; and to give the following mixture three times daily:—Dilute hydrocyanic acid, one to two minims; ipecacuanha wine, five to ten minims; compound tincture of camphor, ten to twenty minims; water, half an ounce.—*Lancet*, April 27, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Convention of Medical Schools.—At the meeting of the American Medical Association, held last year in the city of Baltimore, the following resolution was unanimously adopted:—

Resolved, That the Association most earnestly request the medical colleges of the country to hold a convention for revising the whole system of medical college instruction, for the purpose of establishing more uniformity of time and a more systematic course of instruction for the whole.

A committee was then appointed to carry out this resolution, consisting of Drs. S. N. Davis, Worthington Hooker, George C. Shattuck, M. B. Wright, and Samuel D. Gross.

In due time this committee addressed a circular to the medical colleges inviting them to send delegates to a convention to be held at Cincinnati, on Friday, May 3d, 1867.

On that day the following delegates assembled in the Medical College of Ohio:—

Professors A. Hammer, of Humboldt Medical College, St. Louis; W. N. Byford, Chicago Medical College; Alfred Stillé, University of Pennsylvania; Samuel D. Gross, Jefferson Medical College; A. B. Palmer, University of Michigan, and Berkshire (Mass.) Medical College; Alden March, Albany Medical College; A. J. Steele, and N. S. Davis, Chicago Medical College; Francis Carter, Starling (Ohio) Medical College; James M. Holloway, University of Louisville; N. R. Taylor and J. C. Hughes, Iowa University; G. C. E. Weber, Charity Hospital Medical College, Cleveland, O.; F. Donaldson, University of Maryland; J. N. McDowell, Missouri Medical College; C. G. Comegys and George C. Blackman, Medical College of Ohio; E. B. Stevens and George Mendenhall, Miami Medical College; B. Lawson and R. C. S. Reed, Cincinnati College of Medicine; F. Howard, Georgetown College, Washington, D. C.; T. M. Logan, Toland Medical College, San Francisco, Cal.

Professor Alfred Stillé was elected President, and Professor G. C. E. Weber Secretary of the Convention.

On motion, the Chair appointed a committee to prepare business for the Convention, consisting of Professors N. S. Davis, F. Donaldson, G. C. Blackman, and A. March.

After a recess, this Committee reported to the Convention a series of resolutions which gave rise to a prolonged debate, in which the defects of the existing system of medical education were thoroughly exposed and discussed. The debate was conducted in a very spirited manner, and with an ardent disposition upon the part of every one to correct the errors and shortcomings which were, on all hands, acknowledged to exist.

Each of the propositions of the Committee was separately considered, and variously amended in its details, but always with the intention of widening its scope, while rendering its application more stringent. Finally, the whole were unanimously adopted, and ordered to be presented to the American Medical Association.

The following are the resolutions:—

"*Resolved* 1st. That every student applying for matriculation in a medical college shall be required to show, either by satisfactory certificate or by a direct examination by a committee of the Faculty, that he possesses a thorough knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented of the result of the examinations thus re-

quired, be regularly filed as a part of the records of each medical college.

"*Resolved* 2d. That every medical student be required to study four full years, including three regular annual courses of medical college instruction, before being admitted to an examination for the degree of doctor of medicine.

"*Resolved* 3d. That the minimum duration of a regular annual lecture term, or course of medical college instruction, shall be six calendar months.

"*Resolved* 4th. That every medical college shall embrace in its curriculum the following branches, to be taught by not less than nine Professors, namely: Descriptive Anatomy, including Dissections; Physiology and Histology; Inorganic Chemistry, Materia Medica, Organic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy and Public Hygiene; Surgical Anatomy and the Operations of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine, Practice of Surgery, Obstetrics, and Diseases of Women and Children; Clinical Medicine and Clinical Surgery; and that these several branches shall be divided into three groups or series, corresponding with the three courses of medical college instruction required.

"The first, or FRESHMAN SERIES, shall embrace Descriptive Anatomy and Practical Dissections; Physiology and Histology; Inorganic Chemistry, Materia Medica, and Therapeutics. To these the attention of the student shall be mainly restricted during his first course of medical college instruction, and in these he shall submit to a thorough examination, by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

"The second, or JUNIOR SERIES, shall embrace Organic Chemistry and Toxicology; General Pathology, Morbid Anatomy, and Public Hygiene; Surgical Anatomy and the Operations of Surgery; Medical Jurisprudence and Medical Ethics. To these the attention of the medical student shall be directed during his second course of medical college instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

"The third, or SENIOR SERIES, shall embrace Practical Medicine; Practical Surgery, Obstetrics, and Diseases peculiar to Women and Children, with Clinical Medicine and Clinical Surgery in a Hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination for the Degree of Doctor of Medicine.

"The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior, and Senior classes, each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges.

"*Resolved* 5th. That every medical college should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session of the attendance of the student a certificate, specifying the time and the courses of instruction actually attended, should be given, and such certificate only should be received by other colleges as evidence of such attendance.

"*Resolved* 6th. That a committee of five be appointed by the president, whose duty it shall be to present the several propositions adopted by the convention, to the trustees and faculties of all the medical colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same committee be authorized to call another convention whenever deemed advisable."

The action of the Convention was emphatically approved by the Association, and adopted as its own by a unanimous vote.

It now remains for the medical colleges to determine whether, or not, they will carry out the important reforms in medical teaching which are called for by the Association. Let us hope that they will agree to put them into practice with the least possible delay, and thus to satisfy the claims of science, and the reasonable demands of the medical profession in the United States.

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Association of Medical Superintendents of American Institutions of the Insane.—This extremely useful Association held its

21st Annual Meeting, at the Continental Hotel, in Philadelphia, on the 21st, 22d, and 23d of May. Dr. Thomas S. Kirkbride *President*, Dr. John Kirwin, Secretary. The attendance was very large, and much useful business was transacted. Valuable papers were read by Dr. H. M. Harlin, of the Maine Asylum, Dr. McClintoch, of the Illinois State Hospital, Dr. Letchfield, of Kingston, C. W., Dr. Williams, of New York, Dr. J. B. Chapin, of Canandaigua, N. Y., and Dr. B. Workman, of Toronto.

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The Citizens' Association of Pennsylvania—Sanitarium for Inebriates.—The Citizens' Association of Pennsylvania, incorporated in 1866 by the Legislature of Pennsylvania empowering them to "purchase lands and erect buildings for the cure of the intemperate," announce that they have secured the beautiful property known as Melrose Glen, at Media, Delaware County, and are now ready to receive applications for a limited number of private patients.

The natural beauty and healthfulness of the locality, together with the complete apartments and conveniences of the building, offer unusual attractions to those who may wish to avail themselves of the advantages of such an institution. In addition to vapour and medicated baths, and other remedial appliances, no effort will be spared to secure to the inmates of the family the best moral and social advantages.

Persons may be admitted on their own application, by agreeing to the terms of payment, &c.

Such inebriates as may need the interposition of the law, may be reached in the following manner:—

Any relative, by blood or marriage, or any one interested in the estate of such person, may make written application to the Judge of the Court of Common Pleas of the county where said person resides, for a committee to be appointed to take charge of his or her person or estate. The application must be accompanied by affidavits of the truth of the facts, and upon the receipt thereof, the Judge will institute inquiries into the case, and if satisfied with the proceedings, &c., will appoint a "committee," according to the provisions of the law. When such committee is appointed, the proceedings must be in accordance with the second section of "An Act to increase the duties of the Citizens' Association of Pennsylvania," approved March 4, A. D. 1867.

"The committee of any habitual drunkard, duly found to be such, by inquisition, according to the Act of Assembly relating to lunatics and habitual drunkards, approved June 13, A. D. 1836, may make application in writing to the President of the Citizens' Association of Pennsylvania, for the admission of said habitual drunkard to the custody of said Association; and upon the receipt of such application by the President aforesaid, he shall make inquiry into the history and nature of the case, and if he be of opinion that the person in whose behalf the application is made, is a proper subject for admission, his certificate of approval, together with the application, may be submitted to the court of the county where the committee of said habitual drunkard may reside, either in open court, or to the President Judge at chambers; and if, in the judgment of the court, the said habitual drunkard shall be deemed a proper subject for treatment, with a view to his reformation, the said court is hereby empowered to commit him to the custody of the Citizens' Association of Pennsylvania, for a term of not less than nine months, or more than two years. *Provided*, that the relations, by blood or marriage, of said habitual drunkard, shall have access to him at all times, subject to the rules and regulations of said Association: 'and, *Provided further*, that said habitual drunkard may be released by the court making the commitment, before the expiration of said term, if, after a full hearing, the said court shall deem his release advisable: and, *Provided further*, that nothing in this Act shall be so construed as to prevent the Citizens' Association from receiving into their custody, any person upon his own application, without due process of law."

The treatment of patients will be such as to foster their self-respect, by a recognition of their manhood, and their claim to consideration and regard as diseased persons; and the best remedial measures known to science will be employed for their restoration to health.

Cases of delirium tremens may be admitted upon application of friends of patients. Payments to be made monthly or quarterly in advance.

For further information address Joseph Parrish, M. D., at Media, or at the City Office, No. 800 Arch Street, Philadelphia.

The Directors of this Institution are gentlemen of the highest character.

We most respectfully urge philanthropists throughout the State to give their liberal support to this most useful and greatly needed institution; and invite the attention to it of those who are so unfortunate as to have in their families individuals needing its fostering care.

—

State Medical Society of Kentucky.—At a meeting of certain of the members of this society, held in Louisville, April 2d last, in accordance with an invitation from the College of Physicians and Surgeons, it was determined to revive their organization, and the following were elected officers for the ensuing year:—

President, Dr. D. N. Porter; Vice-Presidents, Drs. John F. Lewis and C. L. Jones; Recording Secretary, Dr. Preston B. Scott; Corresponding Secretary, Dr. W. Talbot Owen; Treasurer, Dr. W. H. Newman; Librarian, Dr. J. F. McElroy; Committee of Publication, Drs. D. W. Yandell, S. P. Breckinridge, and George Beeler.

Delegates were appointed to the American Medical Association, and to the International Congress at Paris; a number of committees were appointed to report at the next annual meeting; and, after transacting a considerable amount of other business, the meeting adjourned, to meet in Danville on the first Tuesday in April, 1868.

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Geneva Medical College.—At the commencement, held on the 23d of January last, the degree of M. D. was conferred on 18 candidates.

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Obituary Record.—Died at Lowell, Mass., April 6, 1867, of congestion of the lungs, Dr. J. M. Allen, aged 52 years. Dr. Allen was for several years Professor of Anatomy in the Pennsylvania Medical College, and was an extremely successful and popular teacher. He was the author of a very useful work, termed the "Practical Anatomist."

—, In Canterbury, Connecticut, on the 8th of March, 1867, of paralysis, Elijah Baldwin, M. D., aged 84 years 1 month 16 days. For more than sixty years he enjoyed the unfeigned respect and confidence of his associates and contemporaries in the medical art. As a consulting physician he was known and esteemed over a large circle outside of his own extensive practice. He was an intelligent and discriminating practitioner.

FOREIGN INTELLIGENCE.

Injection of Tumours with Pepsine.—Prof. Thiersch, of Erlangen, has been for some time engaged in trying the effects of the injection of medicinal agents into the substance of tumours. He first employed a solution of nitrate of silver, and then a very dilute solution of hydrochloric acid; and latterly he has been trying, together with Professor Nussbaum, of Munich, the effects of pepsine on hard fleshy tumours. As the amount of success he has met with is likely to engage many to pursue the practice, Professor Buchner, in one of the recent numbers of his *Repertorium*, gives directions for preparing the pepsine to be so employed, as he says the dry pepsine met with in the shops is, for the most part, a worthless preparation for the object now in view. But a very active fluid, in which pepsine exists in its natural mixture, may be prepared in the following manner: An entirely fresh, and, if possible, warm pig's stomach is to be rinsed out with water, without too forcibly removing the adherent mucus. The glands secreting the rennet are placed at the fundus of the organ, this portion being easily recognized by its darker colour and greater thickness. Stripping off the mucous membrane from the muscular layer, the fundus is laid upon a table or board with the submucous surface downwards, and, being fixed at one end by the left hand covered with a piece of linen, it is scraped with long sweeps and firm pressure by means of a blunt knife. The entire glandular substance must not be scraped away, because too much connective tissue gets mixed with it; but the fundus of the stomach of an adult pig will yield about an ounce of scrapings. These are rubbed with 5 oz. of distilled water during five minutes, and then digested for a quarter of an hour at a temperature of 30° R. A drop or two of muriatic acid is added, and the mixture, strained first through coarse, and then through fine linen, after being allowed to stand awhile to precipitate the cells and

nuclei, becomes a nearly clear fluid fit for use. Whenever it exhibits any pellicle or the slightest putrid smell, it is no longer fit for use. The scrapings from the glands may also be dried, without loss of efficacy, by spreading them on a glass plate, and exposing them to a temperature not exceeding 40° R. Four parts of fresh scraping will yield one of dried, more or less; and an efficacious mixture may be made by adding 2 drachms of the dried scraping to 5 oz. of water, with two drops of muriatic acid, rubbing it well together, digesting it at a temperature 30° R., and straining. Prof. Nussbaum states that such a mixture acts as efficaciously as the pepsine fluid obtained from the fresh stomach; and the dried mass may be kept a long time in a closed bottle without undergoing decomposition.—*Med. Times and Gaz.*, March 23, 1867.

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Respiratory Therapeutics.—At a recent meeting of the Imperial Academy of Medicine, M. Béclard read a report on the memoir on "Respiratory Therapeutics" submitted to that body by M. Sales-Girons. As our readers are aware, this physician claims for his mode of introducing pulverized fluids into the air-passages not only the power of acting locally upon the air-passages in pulmonary affections, but also as being a means of introducing medicinal substances into the economy of superior efficacy to the ordinary mode of gastric ingestion. M. Béclard at once admits that the physiological possibility of such introduction has been completely made out by M. Demarquay's and the author's observations. Indeed, the absorbent power of the pulmonary mucous membrane is remarkable for its rapidity. Twenty-five litres of water may be thrown into the bronchi of a horse in six hours, and become immediately absorbed, without occasioning any sensible inconvenience to the animal. In less than half a minute, all the mass of the blood passes, so to express it, globule by globule, through the substance of this tissue of such an admirable tenuity, so that the absorbable matter is brought into rapid contact with all the elements of the fluid. Of the superiority in rapidity of absorption of the pulmonary to the gastro-intestinal surface there can be then no doubt, and such absorption is compatible with the physiological action of respiration. At present the reporter regards the physiological aspect of the question as all that has been proved, M. Sales-Girons' observations upon the applicability of medicinal agents and their dosage being at present too few, and standing in need of confirmation. M. Durand-Fardel, while admitting, that pulverized fluids are of considerable utility in diseases of the throat and larynx, doubts whether they possess an equal efficacy in affections of the bronchi, while in the most of the maladies in which they are useful they do not possess any superiority over gaseous or vaporized inhalations. M. Guérin, commenting upon the discussion, observes that the fact should not be lost sight of that during the inhalation of pulverized fluids considerable oppression is sometimes felt—in fact the air loaded with pulverized fluids, being possessed of less tension than the surrounding atmosphere, may induce an afflux of blood to the surface of the bronchi, giving rise to hæmoptysis or other accidents in the predisposed.—*Med. Times and Gaz.*, March 16, 1867.

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Prevention of Purulent Absorption by Ergotine.—It appears from the observations of M. Labat, a physician of Bordeaux, that the administration of ergotine after amputations is attended with the most beneficial results. The ergotine is given after the operation, and each day up to the day when the ligatures come away, the medium dose being from five to six grammes. M. Labat's memoir on the subject, which was presented to the Société de Chirurgie, records fourteen cases treated in this way.—*Ibid.*

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Amblyopia produced by Tobacco-smoking.—M. Viardin has reported three cases of amblyopia caused by smoking. In the treatment of these cases the quantity of tobacco smoked was reduced under the direction of M. Viardin, and the sight was restored in the course of a few weeks.—*Ibid.*

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Amaurosis from Embolism of Ophthalmic Artery.—The use of the ophthalmoscope in the detection of embolism of the ophthalmic artery has been once more demonstrated—if indeed demonstration were required—by Signor Quaglino, of Pavia. The following is the case he records: A lady suddenly lost the sight of her right

eye. Examination with the ophthalmoscope showed a slight linear opacity of the cortical periphery of the lens. The vitreous body was transparent. The region of the yellow spot was covered with a bluish-gray substance of an almost elliptical form, with a reddish spot in the centre. The small arteries of the retina showed that their column of blood was less than usual, and after some days they appeared to be reduced to one-half their usual calibre. Eventually the arteries became completely obliterated, causing destruction of the papilla and the retina.—*Ibid.*

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Telluric Theory of the Origin of Cholera.—Dr. Samuel Haughton remarks: "The magnetic storms and electric currents of the earth are now so well known, and their relations so clearly established, that no person of education, save, perhaps, an army surgeon in a blue book, at the present day ventures to hazard the statement that cholera or any other epidemic disease is favoured in its onward progress, much less that it is actually produced, by such telluric agencies as electricity or magnetism. The telluric theory has been, therefore, forced to reappear in a new dress, and has been reproduced in the assertion that bad drainage, bad food, bad water, bad air, bad everything—including, I presume, the Evil One himself—may, under favourable conditions, produce Asiatic cholera, on land or on shipboard."—*Med. Times and Gaz.*, March 30, 1867.

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Spontaneous Cerebral Softening.—This morbid condition has been very carefully studied by M. H. Soulier, who has recently published an essay on the subject. He considers that spontaneous ramollissement of the brain is not inflammatory, and advances the following reasons: 1. Because the coloration of the red ramollissement is simply the result of a vascular dilatation, or of an infiltration of the colouring matter of the blood. 2. The coloration of the yellow ramollissement is not the result of a purulent infiltration, but is the consequence of the mixture of fatty matters with the colouring matter of blood. 3. Because the structures taken for pus-cells are really fatty or nervous pigment elements. 4. Because the meningeal adhesions are not the consequence of an inflammatory exudation. 5. Because the animal heat is never raised above the normal temperature in persons attacked with ramollissement.—*Ibid.*

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Chorea treated by Richardson's Apparatus.—An interesting case in which chorea was successfully treated by freezing the skin over the spinal cord has lately been recorded in the *Gazette Hebdomaduire*, and tends to some extent to support the ice theory of Dr. Chapman. A little girl, of about seven years old, was attacked with chorea, and presented herself to Dr. Lubelski, who, having tried in vain the usual tonic and antispasmodic remedies, determined to produce "anæsthesia of the spinal cord" by means of ether spray. The instrument used was the variety of Richardson's apparatus employed by dentists, and which has a double nozzle. It was applied to both sides of the spinal cord, and the ether spray was forced upon the surface for about three or four minutes, the operation being twice repeated. The result was that all the abnormal movements ceased, and the natural powers of motion were restored.—*Lancet*, March 16, 1867.

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International Ophthalmological Congress.—This body will meet in Paris, instead of Vienna, this year, on the 11th of August at the house of M. Sichel, 50 Chaussée St. Autin at 8 P. M. The secretaries of the Congress are M. Giranda Teulon and M. Wecker.

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London Hospital.—Three special departments for the treatment of diseases of the eye, ear, and skin, have been established at this hospital. Dr. Hughlings Jackson has been appointed physician to the eye department, and Mr. Hutchinson and Couper surgeon; Dr. H. Jackson and Mr. Revington physicians to the ear department; and Dr. Sutton and Mr. Hutchinson to the skin department.

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Cholera in Paris.—It is stated (*Lancet*, May 4, 1867) that cholera has again made its appearance in Paris. Seven or eight cases were admitted in the course of the previous week into a Maison de Santé in the northern district of the city, and one death took place.

NOTICE TO SUBSCRIBERS.

In this number of the "NEWS" Professor ERICHSEN'S valuable little treatise on Injuries of the Nervous System is completed. Next month will be commenced in the Library Department a new work of much interest to all practitioners—

HUDSON ON FEVERS.

LECTURES ON THE STUDY OF FEVER.

By ALFRED HUDSON, M. D., M. R. I. A.,
Physician to the Meath Hospital, &c.

The object of this work, in the words of the author, "is to furnish the student with a guide to his bedside analysis of each case, by treating of febrile phenomena in succession; first, generally or abstractedly, and secondly, in their relation to each form of the disease." The method adopted to carry out this intention may be seen in the subjoined condensed

SUMMARY OF CONTENTS:

LECTURE I. Fever considered as one of the group of Morbid Poisons. II. Predisposing Causes. III. Exciting Causes. IV. Pathology and Symptomatology. V. Examination of the Pulmonary and Circulating Systems. VI. Peculiar form of Pneumonia. VII. Condition of the Digestive Organs in Fever. VIII. Changes in the different Secretions. IX. Difficulty of Diagnosis of Cerebro-spinal Lesions in Fever. X. Cerebro-spinal Lesions, continued. XI. Epileptiform Convulsions after Crisis. XII. Diagnosis of Fever as an Essential Disease. XIII. Rational Prognosis. XIV. Principles which should regulate the general management in a case of Fever. XV. Treatment of Urinary Complications—Of Cerebro-spinal Lesions—Management of the period of Crisis—Danger of Abuse of Stimulants—Treatment of complications—Management of early Convalescence—Recapitulation, Appendix, Cases, &c.

The want of a complete work of this kind has long been felt, and the reputation which this volume has already obtained is a guarantee that it will fully sustain the character which the "NEWS" has gained from the long series of valuable practical treatises that have been laid before its subscribers.

RANKING'S ABSTRACT.

The very favorable reception accorded to the "HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES" encourages the publisher in the hope that he will be able to render permanent the reissue of that valuable work, on the terms offered to subscribers to the "AMERICAN JOURNAL OF THE MEDICAL SCIENCES." Vol. XLIV., for January, 1867, has received the unanimous approbation of the profession.

American physicians may be congratulated that they are once more favored with the reprint of "Ranking's Abstract." If any doctor is so busy that he can read but a single volume a year, then, assuredly, he should make this his book; for here are collected and condensed the most valuable contributions to periodical medical literature—French, German, British, and American—for the year; and, on the other hand, no physician—it matters not how wide the range of his reading—can fail to find, in this volume, truths that will enlarge his medical knowledge, and precepts that will help him in some of his daily professional needs.—*Cincinnati Journal of Medicine*, April, 1867.

We have only space to say that this volume is rich in valuable articles, among which there are many on materia medica and therapeutics. Gathered from all sources in the new books and medical journals of Europe and America, this work may be viewed as the cream of that class of medical essays, and is a useful occupant of the physician's office-table to keep him reminded of the progress of medicine.—*Am. Journal of Pharmacy*, May, 1867.

Arrangements have been made by which Vol. XLV., for July, will be issued almost simultaneously with its appearance in London, and subscribers can rely upon obtaining it with promptitude and punctuality.

The price of the "ABSTRACT" is $1 50 per volume, or $2 50 per annum, in advance; but it is furnished in conjunction with the "AMERICAN JOURNAL OF THE MEDICAL SCIENCES" and the "MEDICAL NEWS AND LIBRARY," making in all over 2000 large octavo pages per annum, the whole free of postage, for SIX DOLLARS PER ANNUM.

Gentlemen who have paid Five Dollars for the "JOURNAL" for 1867 can still secure the "ABSTRACT" by remitting One Dollar. Those who have paid for a portion of 1867 can obtain the January volume of the "ABSTRACT" for fifty cents. For the future, however, early application will be necessary, as but a limited number of the volume for July will be printed to supply subscribers. Those who desire to avail themselves of the offer will, therefore, do well to make their remittances during the present month, as the publisher cannot guarantee to supply later applications.

Address HENRY C. LEA,
Nos. 706 and 708 SANSOM ST., PHILADELPHIA.

NUMBERS WANTED.

Copies are wanted of the "American Journal of the Medical Sciences," No. 88, for Oct. 1862, No. 89, for Jan. 1863, No. 101, for Jan. 1866, and No. 102, for April, 1866. Gentlemen returning any of these numbers in good condition will be credited at the full subscription price ($1 25 per number) on their subscriptions, or can order any books of my publication to an equivalent amount.